

APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?:: None

Computer Readable Form (CRF)?::

Number of Copies of CRF::

Title Line One:: Improved Bioavailability and Improved Delivery

Title Line Two:: of Acidic Pharmaceutical Drugs

Attorney Docket Number:: 59210.000048

Request for Early Publication?:: No

Request for Non-Publication?::

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: Yes

Petition Included?:: No

Petition Type::

Licensed US Government Agency:: No

Contract or Grant Numbers::

Secrecy Order in Parent Application?:: No

Applicant Information

Applicant One Authority Type:: Inventor

Primary Citizenship:: US
Country:: US
Status:: Full Capacity

Applicant One Given Name:: Ruey
Middle Name:: J.
Family Name:: Yu
Name Suffix::
City of Residence:: Chalfont
State or Province of Residence:: PA
Country of Residence:: US
Street of Mailing Address Line One:: 655 Stump Road
Street of Mailing Address Line Two::
City of Mailing Address:: Chalfont
State or Province of Mailing Address:: PA
Country of Mailing Address:: US
Postal or Zip Code:: 18914

Applicant Two Authority Type:: Inventor
Primary Citizenship:: US
Country:: US
Status:: Full Capacity

Applicant Two Given Name:: Eugene
Middle Name:: J.
Family Name:: Van Scott
Name Suffix::
City of Residence:: Abington
State or Province of Residence:: PA
Country of Residence:: US

Street of Mailing Address Line One:: 3 Hidden Lane
Street of Mailing Address Line Two::
City of Mailing Address:: Abington
State or Province of Mailing Address:: PA
Country of Mailing Address : US
Postal or Zip Code:: 19001

Correspondence Information

Correspondence Customer No.: 21967

Name::

Street of Mailing Address Line One::

Street of Mailing Address Line Two::

City of Mailing Address:

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code::

Telephone Number::

Facsimile Number::

E-Mail Address::

Representative Information

Representative Customer Number: 21967

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/454,631	03/17/2003